CAPITOL OFFICE

1119 LONGWORTH HOUSE OFFICE BUILDING WASHINGTON, DC 20515 PHONE: (202) 225–6235

PHONE: (202) 225-623: FAX: (202) 225-2202

DISTRICT OFFICE 1910 SUNSET BOULEVARD, #560 LOS ANGELES, CA 90026

> PHONE: (213) 483–1425 FAX: (213) 483–1429 www.house.gov/becerra

COMMITTEE ON WAYS AND MEANS SUBCOMMITTEE ON TRADE SUBCOMMITTEE ON SOCIAL SECURITY

Congress of the United States

House of Representatives

XAVIER BECERRA

31st District, California

AUTHORIZATION FORM

Name			
Address			
Home #		Work #	
Alien Registration #			
Date & Place of Birth			Female
		Date Filed	
Have you been interviewed?			
Primary language spoken at home_			
I hereby authorize the Bureau of C information to Congressman Xavie described below.	itizenship and In er Becerra or his	mmigration Services to staff regarding the pro	o release oblem I have
Signature		Date	
Description and history of problem			